



The Secretary for Health Services
COMMONWEALTH OF KENTUCKY
275 EAST MAIN STREET
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PAUL E. PATTON
GOVERNOR

MARCIA R. MORGAN
SECRETARY

February 6, 2003

Model Waiver II
Transmittal # A-3

Dear Model Waiver II Provider:

Enclosed please find the revised Model Waiver II Client Assessment form (MAP-351A). Providers participating in the Model Waiver II program shall utilize the revised MAP-351A for each certification, re-certification, and re-application. Providers may begin to utilize the revised MAP-351A when their current supply of MAP-351A's has been exhausted. During the transition Healthcare Review Corporation will honor either version of the MAP-351A. Please be advised when utilizing the revised MAP-351A, the Prior Authorization for Health Services (**MAP-9**) and the Physician's Recommendation (**MAP-10**), will once again be required. It is imperative that your agency submit the MAP-9 and MAP-10 along with the MAP-351A to avoid a delay in the processing of a certification, re-certification or re-application.

The Department for Medicaid Services (DMS) has enclosed a copy of the MAP-351A and the detailed instructions. Your agency may copy the blank form or complete the enclosed re-order form (MAP-252) and send it to DMS for processing. An electronic version of this form is available for downloading from the DMS web site. The web address is chs.state.ky.us/dms. Once you have reached this web address, click on the link to "Provider Resources", then click on the link to "2002 Provider Letters", and then click the link to Provider Type 41 and follow the downloading instructions on the screen.

"...promoting and safeguarding the health and wellness of all Kentuckians."



EQUAL OPPORTUNITY EMPLOYER M/F/D

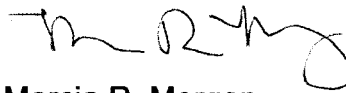
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Any MAP-351A that has been altered from the original format of the current version as found on the above website will not be processed.

If you have any questions or require training on the use of the MAP-351A, please send your written requests to Patrick Bishop, RN, Nurse Consultant Inspector, with the Division of Long Term Care, Department for Medicaid Services, Community-Based Services Branch, Mail Stop 6WB, 275 East Main Street, Frankfort, Kentucky 40621. Your questions may also be submitted by e-mail at Patrick.Bishop@mail.state.ky.us.

DMS appreciates your continuing efforts to provide quality services to the Model Waiver II population within the Commonwealth of Kentucky.

Sincerely,

A handwritten signature in black ink, appearing to read 'M R Morgan', with a large loop at the end.

Marcia R. Morgan
Secretary

MRM/pb/tb

Enclosures